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Communications.

CLIMATE AND LOCALITY: THEIR INFLUENCE IN MITIGATING PULMONARY TUBERCULOSIS.

By A. P. Dutcher, M. D.,

Late Professor of the Principles and Practice of Medicine in the Charity Hospital Medical College, Cleveland, Ohio.

From the remotest antiquity physicians have recommended change of climate and location for their physical patients. From the days of Hippocrates down to the present time, volumes have been written on that subject, and great diversity of opinion exists in relation to the place where the patient should be sent, and the time when he should go.

I. Italy, Minnesota, Lake Superior, and Texas, as Residences for Phthisical Patients.

In this country it has been the custom, for years, with most of our physicians, when a man has injured his health by too high living and sedentary life, to order him forthwith to Europe; particularly if he possess wealth or has a D. D. to the end of his name. And if he has threatening symptoms of phthisis pulmonalis, he is ordered to the South of Europe. This is regarded as the happy clime which once reached by a phthsical invalid, is sure to make his disease disappear and restore him to perfect health. But if we compare the number who visit them actually diseased and who deposit their remains there, with those who return with improved health, we will find small encouragement to recommend our patients to leave their own country.

We have in the United States, all the various climates that are to be found in the world; and if there be one spot on this globe more beneficial to a phthisical patient than another, it is here. Two sections of our country have recently become quite celebrated as a residence for individuals suffering from this disease; Minnesota and the Southern shore of Lake Superior. For ten summers we have seen large numbers of patients, from all our eastern cities, thronging our steamboats and railway cars, bound for St. Paul or Marquett in pursuit of health. And in many instances they return in the fall very much improved, and perhaps a few have regained their original health and vigor.

But while we are willing to admit the excellency of these places as a temporary residence for phthisical patients, we are well satisfied that there is another portion of our country, which in point of salubrity and adaptation of climate for the class of individuals just named, far surpasses these, if not any other on the face of the globe. I refer to the South-western part of the State of Texas. And if the reports of those who have gone there in pursuit of health and those who reside there speak truth, this region will yet be the paradise of the world: at least so far as its geography and climate are concerned.

No section of our vast country can rank with that portion of the State of Texas we have named, either in mildness of climate or equability of atmosphere. It has a mean winter temperature of about 53°, 9. But its chief characteristic is its exemption from swamps and stagnant pools. The land commonly ascends from the water courses, and rising to moderate eminences precludes the formation of swamp or putrid pools to any extent. This is probably one efficient cause of the singular purity and equality of the atmosphere, which is so frequently noticed in the reports of our army surgeons, who have been stationed in that section of the country. While the summer air of Louisiana is combined with moisture surchanged with noxious miasm, the pure air of South-western Texas is refreshed and renovated by lively breezes from Old Ocean, rolling over a dry, verdant, varying surface, imparting elasticity, health and vigor to all who inhale it.

Now here is a country where perpetual summer smiles, where flowers are constantly blooming, and the fields arrayed in their richest green. Here, too, is an equable atmosphere, sufficiently warm and dry in the winter months, and not

loaded with moisture and poisonous effluvia in summer. Are not all the climactic wants of the phthisical patient here fully met? Indeed, there is nothing on this continent or Europe that can compare with it, even fair famed Italy must yield the palm to the "Lone Star."

"The very circumstances," says Dr. James Johnson, "which forms the charm, the attraction, the theme of praise, in the Italian climate, is that which renders it dangerous, because deceitful—the long interval of fine weather between vicisitudes of great magnitude. This is the bane of Italy, whose brilliant sky and balmy zephyrs flatter only to betray. They first enervate the constitution, and when the body is ripe for the tramontane, the ruthless blast descends from the mountains on the helpless victim, more fierce and destructive than the outlawed bandit on the unsuspecting traveller."

After remarking upon the humidity of the atmosphere, he adds: "Northern strangers, and more especially invalids, unaccustomed to a genial atmosphere in the depth of winter, sally forth to enjoy the glorious sunshine or the resplendent moonlight of Italy, and like the Grecian shepherd,

"'exulting in the sight,
Eye the blue vault, and bless the cheerful light.'

But they have too often reason to curse in the sequel, the seductive climate of the classic, which mingles the poisonous miasma with the refreshing breezes, and thus conveys the germ of future maladies on the wings of fragrant zephyrs."*

II. Florence, Naples, and Nice, a Residence for Phthisical Invalids.

For years European physicians have been in the habit of sending their phthisical patients to Florence, Naples, and Nice; the latter place in particular is the chosen spot—the consumptive's paradise. The mean temperature of this place in winter is 48°. But it is subject to cold easterly winds, and during their prevalence the air is damp and foggy. The transitions of temperature are also very sudden, producing as all our best writers admit, the most injurious effects upon all invalids who are in a critical condition.

Years ago that great and good physician, Sir James Clarke, condemned this place as a residence for phthisical invalids. Here is his emphatic utterance, "When this disease is complicated with any inflammatory, or highly irritable state of the mucous membrane of the larynx, trachea, bronchia, or of the stomach, Nice is decidedly an unfavorable climate; and without extreme care on the part of such patients, and a very strict regimen, the complaint will in all probability be aggravated by a residence here. Indeed, the cases of consumption which ought to be sent to Nice are of rare occurrence."*

All who have examined this subject with that care which its importance demands, must have discovered that the best climate for a phthisical patient is one which is dry, equable, and of rather low temperature. Indeed, a low temperature is much to be preferred to a uniformly high temperature, because it generally exerts a tonic and stimulating effect upon the system, while a high one produces general debility and exhaustion. It is no doubt owing to this low temperature of the atmosphere, that even in summer, the climate of St. Paul and Marquette has proved so beneficial to individuals suffering with pulmonary tuberculosis. It appears to tone up the nervous forces, sharpen the appetite, promote digestion, and prompts to exercise, all of which are very desirable, indeed, absolutely needed in mitigating this wasting malady.

For a summer residence for phthisical patients, the places just named are as good as any that can be found. But when winter comes they are too cold; and I have yet to see the first consumptive who has remained in either place all winter, who has not been positively injured. Not so, however, with Georgetown, or Clarksville, Texas. Clarksville in particular is my favorite location for phthisical patients the year round. Its site is healthy, and it has a dry and equable climate. Pulmonary disorders are exceedingly rare. Dr. B. Norris of the United States army, who spent some time in its vicinity, regards the climate of this place as very beneficial to persons suffering with phthisis, and was not acquainted with a single case of the disorder that had originated there †

Previous to our great war, I sent several patients affected with pulmonary tuberculosis to Texas, all of whom were more or less benefited, and in one instance a permanent cure was affected. This was the case of a merchant who had been under my care for nearly a year. I had quite exhausted my stock of therapeutics upon him, and began to look for breakers. At this time he had a vomica of considerable magnitude in the left lung, with physical signs of crude tubercular deposits in the right. He had lost flesh and strength, but was still able to attend to his business. One day when conversing with

* Change of Air, or the Philosophy of Travelling, &c., p. 68.

* Clark on the Influence of Climate in the Prevention and Cure of Chronic Diseases, page 122.

† See Statistical Report of the Sickness and Mortality in the Army of the United States for 1856—page 190.

him, I carelessly remarked, that I thought the best way for him to get relief for his malady would be to go to Texas. Imagine my surprise a few days afterwards, when a friend told me that he had made up his mind to go. This was about the middle of October—he went, spent a pleasant winter, and came home about the first of June, very much improved in general health, with a marked mitigation of the local disorder in the lungs. He was so much pleased with the country that he concluded to make it his permanent home. He returned early in the fall, bought a farm near Clarksville, kept a large number of sheep, and engaged in all the active duties of a farmer's life. His health was permanently restored. I shall ever believe that his life was saved by going to Texas.

In thus commending Texas as a residence for phthisical invalids, I do not wish any practitioner to send his patients there simply upon my authority. Others have eulogized the country and its climate, as a place of residence for individuals suffering with this disorder, far beyond anything that I have said. Allow me to quote the opinion of one who has given more attention to the study of climate, and its influence in retarding phthisis, than any other American writer with whom I am acquainted, one who had tried the influence of various climates, without any very material benefit. I refer to the distinguished and lamented Dr. L. M. LAWSON.

In his "Practical Treatise on Phthisis Pulmonalis," page 530, we find the following: "It is a conceded fact, however, that the climate of Texas is favorable to consumptives, not only during the winter, but also in the summer. Indeed, it is probable that a residence the year round would be preferable to a temporary sojourn during the winter. But if this course be adopted, it is necessary that the summer be spent in the more northern portions where the temperature is seldom oppressive. Indeed, throughout the entire country, the Gulf breeze renders the summer nights cool and invigorating. Examples are by no means rare of persons predisposed to the disease, or with it actually developed, entirely recovered by a protracted sojourn in Texas."

III. Cold, not a Primary Cause of Tuberculosis.

But some may ask, why do you prefer a low temperature to a high one for your tubercular patient? Because I do not consider cold a primary cause of the disease. It is true, most all of the old writers in the practice of medicine regarded cold as one of its great causes. If pulmonary tuberculosis was the offspring of pneumonitis, then cold might be regarded its primary cause; for this disorder is more frequently produced by cold than any other cause. Tubercle is not the product of inflammation; it is a degenerated material eliminated from the blood, having physical and microscopical elements specifically its own. We are willing, however, to admit, that when tubercles have been exuded into the pulmonary tissues, they may be developed more speedily by undue exposure to cold, and the inflammation which often supervenes. Indeed it is still an open question, whether persons who have suffered from pneumonitis, are more subject to pulmonary tuberculosis than others. From my own observation I would say that they were not.

That cold is not a primary cause of tuberculosis may also be inferred from the fact, that it is not so common in cold countries as warm. Thus at Stockholm, the capital of Sweden, sixty persons out of a thousand die with phthisis. At St. Petersburg, sixty-six in the same number. These cities are in a northern clime where the winters are extremely cold. At London and Paris about two hundred and thirty-six die in a thousand. The climate of these two cities is temperate. In the city of New York and Philadelphia the mortality from the disease is a fraction less than two-hundred in a thousand. The climate of these cities is changeable, but for the most part cold. In nearly all the southern cities of this country, particularly those situated on the Atlantic coast, phthisis causes about one-fifth of the mortality. In the West Indies, where the climate is very warm, tuberculosis is very common, constituting a large mortality, especially among the negroes, one half of whom, it is said, die with this disorder. In the East Indies considerable numbers fall victims to this wasting malady. At the extreme north, according to Dr. KANE, phthisis is almost unknown.

If, then, this disease originated from cold, we would naturally expect to find it more frequent in northern than southern climes. More frequent at Stockholm and St. Petersburg, than in Paris, London or New York. More common in the in the latter places than in many of our southern cities; but such is not the case. Locality has more to do with the production of this disease than temperature. This has been clearly demonstrated by the researches of Dr. HENRY I. BOWDITCH of Boston. In his address delivered before the Massachusetts Medical Society, May 28, 1862, on "Consumption in New England, or, Locality one of its Chief Causes," he maintains the following propositions:

"1st. A residence on or near a damp soil, whether that dampness be inherent in the soil itself or caused by percolation from adjacent ponds, rivers, meadows or springs, is one of the principle causes of consumption in Massachusetts, probably in New England, and possibly in other portions of the globe.

"2d. Consumption can be checked in its career, and possibly, nay probably, prevented in some instances by attending to this law."

Dr. Bowditch has produced a large mass of evidence to prove these propositions. It is testimony gathered from his own experience and a large number of physicians, in the state of Massasetts, engaged in the active duties of their vocation. With few exceptions, they all bear testimony to the fact, that in certain localities the inhabitants are more obnoxious to phthisis than in others, and that those places are commonly very damp. Indeed, it has been proven years ago by the mortuary statistics of the United States army, that the deaths from phthisis at maritime stations are more than double what they are further inland, and all places surrounded by water, or valleys made verdant by flowing streams, are more productive of this scourge of humanity than dry mountainous regions.

But I must confess, from my own observation, that change of climate or locality has very little influence in mitigating or retarding confirmed pulmonary tuberculosis; and that those individuals who are seeking a remedy from these sources alone, are pursuing a phantom. I am well satisfied, that we frequently make a great mistake, in ordering our phthisical patients from all the comforts of home, and kind friends, to a new and untried locality and climate. I have met with many instances where it had a very unfavorable influence upon the successful treatment of the malady. In most cases the invalid expects to derive some specific virtues from the locality or climate. He, therefore, quietly seats himself down, discards or neglects other efficient therapeutical measures, and waits for the coveted blessing. But it never comes, and cannot, without the diligent employment of such medical agencies as are known to have an influence in correcting the tubercular diathesis, and the arresting the local lesion. No matter how favorable the local and climatic advantages, the latter must not be neglected, if the disease is in any way mitigated or successfully treated.

— Edmund R. Peaslee, M. D., is announced to deliver a course of private lectures for young men at the rooms of the Young Men's Christian Association, No. 161 Fifth avenue. The first was given on the evening of January 8th.

CARCINOMA WITH PERICARDITIS.

Pathological Specimen Examined before the Allen Co. Indiana Medical Society.

By H. P. Ayres, M. D.,
Fort Wayne, Ind.

The patient was fifty-two years old, five feet seven inches high, squarely built, dark bushy hair and beard, with an unusual amount of hair on the chest and limbs. His face was full and red; eyes small, deeply sunken and dark. The face and entire contour of the man, indicated a good constitution and healthy person. His father died aged eighty-four years, his mother eighty; only one member of the family consumptive; no known carcinoma. The patient was uniformly temperate and moral in every respect.

About three years ago he was attacked with what was supposed to be intermittent fever, attended with a pain running across the breast. Similar paroxysms became periodical, occurring every four or five months, but gradually shortening the interval. Sometimes they were attended with a tearing, excruciating pain, but always with a superficial pain, embracing the arms, clavicles, and first four ribs. During these paroxysms, to obtain an easy position, he was at times compelled to lean forward; all the symptoms were relieved with morphine; during the interim, there was an entire freedom from pain, and he was able to attend to business, feeling perfectly well.

One year before death he had an attack, lasting three weeks, of excessive expectoration of offensive sputa, which was tenacious, and permanently stained every thing upon which it fell. During the period of two years, he had two attacks of bulging, or swelling of the upper part of the chest, but the symptom disappeared in a few days; it occurred again during his last sickness, to which I will refer.

The mind during this period would at times be desponding, almost amounting to a wish for self-destruction; like to the pain, it was paroxysmal, followed by an entire freedom from depression. In June, 1868, he had a severe attack of pain in the upper part of the chest, which was attended with dyspnœa and prostration, but from which he rallied in a few days, and returned to his vocation.

In two weeks he had another attack, from which we commence an account of his last sickness. I may here remark, that for two years he had occasional attacks of dyspnœa, with an asthmatic rale, but they elicited no special attention.

In this last attack, there was a recurrence of the pain, with rigors, in the upper part of the breast, involving the clavicles and first four ribs, but he did not complain of any deep-seated pain, neither was there any special evidence, from pain, of a malignant trouble. The tongue was clear and moist, not indicating any gastric trouble. The bowels were regular, and the fœces healthy. Notwithstanding this condition, the patient was exceedingly nervous; the pulse one hundred and twenty; sometimes so rapid and weak, they could scarcely be counted or felt; these symptoms were induced by any motion, erect position, talking, or any excitement. The dyspnœa and asthmatic breathing became continuous, excepting when under the influence of morphine, which always relieved it. His position was generally on the back, or right side, being unable to lie on the left, on account of a sense of weight, and increased dyspnœa.

The liver was enlarged, elongated, and hard. Upon its surface could be distinctly felt large knobs or bunches, yet there was no special tenderness, excepting near the base of the organ. As the disease progressed, the neck and face of the patient became exceedingly œdematous, almost closing the eyes; the jugular veins were continuously overloaded; the superficial veins of the head, and neck, and right arm, stood out with excessive distinction, all indicating an unaccountable and greatly impeded circulation. Immediately above the middle third of each clavicle there was a nonpulsating tumor, three inches long, and one and a half in diameter. The skin of the face, neck, and arms was of a cyanotic appearance, and frequently covered with large drops of cold perspiration. The dyspnœa, which was almost continuous, sometimes became orthopnœic, and threatened to terminate life instantly. Every exertion to get up, which he did do to near his last, to speak, and, finally, every effort to swallow, would so increase the action of the heart, that the patient would call on some one to hold it, "to prevent it jumping out." Almost all the pain had been felt in the upper part of the chest. Three weeks before death there was a metastasis, and the seat of pain was in the region of the heart, but there was no special change in the symptoms.

In the early part of his last sickness, there was the normal action of the apex of the heart against the parietes of the chest; this gradually diminished, and finally disappeared; the sounds and impulse of the organ moving to the centre of the sternum. Percussion had revealed an unusual dulness over the cardiac region, extending from near the superior to the lower end of the sternum. No abnormal dulness could be found over any other portion of the chest, excepting over the liver. The spine was free from any soreness.

Auscultation demonstrated the lungs to be pervious to air, excepting in the region under the breast bone.

No special sounds could be heard in the chest, excepting that which usually attends asthma, and a mucus rale in the bronchial tubes. The action of the heart varied, sometimes irregular, rapid, short, with an entire want of the "lubb tup" sound. They were heard over the entire dull part, but more intensely over the heart; the impulse of the organ was not usually great, yet there were periods of intense palpitation. As I have remarked, there were two periods in which the breast bone and ribs were bulging, or pushed out; during the last sickness this phenomena became a marked and permanent characteristic, and had the appearance of suppurating, there being one point of some tenderness. The most prominent and continuous source of suffering, excepting the dyspnœa, was a periodical nausea, occurring in the morning, which could only be relieved by an opiate. At no time previous, as far as I could ascertain, nor during my attentions to him, did he either by complaint or fever, give any indication of inflammatory action; or of the changes and accumulating mass going on in his body. Obscurity usually attends pericarditis; it may be so insidious and stealthy in advancement, that we are hardly aware of its presence, but I cannot conceive how there can be such an amount of organic lesion and functional depravity, without the most exquisite suffering. Men of great fortitude and endurance may bear a large amount of suffering without complaint, but such was not the case in this instance; the patient was nervous, irritable, and complaining in any sickness; but during the accumulation of the mass of disease found in his body, there was no complaining or suffering, more than I have intimated.

As my object is not to detail the treatment, I entirely omit it, hoping it was judicious and carefully ordered under all the circumstances. My object is to show the difficulties and obscurities surrounding the case, when compared with the revelations of the post mortem examination. The prominent symptoms were:

1st. Periodical pain or spasm occurring three or four times for over one year, sometimes slight, sometimes excruciating.

2d. Expectoration of sticky, coloring sputa.

3d. Occasional dyspnœa and asthmatic breathing.

4th. Depression of mind, paroxysmal.

5th. Abnormal action of heart.

6th. Diseased liver.

7th. Cyanotic skin above the heart, with œdema.

8th. Nausea of stomach, periodical.

9th. Swelling or bulging of the superior portion of sternum.

Post mortem examination, fifteen hours after death.

Subject much emaciated, œdema of face, neck and right arm remained.

Mesenteric veins engorged, tissue dark, tender and easily torn. In the pylorus were found three cysts of carcynomatous deposit as large as a medium sized hazlenut. The liver was elongated and thickened near the base, the right lobe weighed fifty-six ounces. The entire surface was mottled with greyish deposits of carcinomatous matter, varying in size from a small pea, to three inches in diameter, some of these deposits were in nodes, or knobs, standing out from the surface of the liver. One of these deposits was over three inches in diameter, and in the upper edge of the lower third of the right lobe, a grey ring formed the boundary, the centre was darker and deeply cupshaped.

The sternum could only be removed by dissecting through a dense encephaloid tissue, three and a half inches wide at the middle of the breast bone, but diminishing some as it extended to the ensiform cartilage and superior portion of the bone. When the sternum was removed, no part of the appendages of the heart could be seen; the organ was almost perpendicular with and under the sternum. The mediastinum was incorporated, or obliterated in this accumulation of fibrous matter. The entire surface of this mass was a fatty, fibrous one, and so solid that when moved in one part the whole mass was moved. The mediastinal edge of each lung was adherent, or incorporated in this body, while the remainder of the lungs was entirely free from any deposit; a portion of the left lung was engorged with blood. There were numerous, and strong old adhesions over the upper part of the left lung while the right was entirely free. This mass when removed, weighed fifty-six ounces. Incorporated in it, was the heart, pericardium, aorta, vena cavas, vena azygos, thoracic duct, with the tissues around them, no one of which could be separated from the mass without dissection. The heart, as I have remarked, had been drawn from its proper position and imbeded in this carcynomatous exudation when it only had room for a limited action. The pericardium was adherent to the heart, which was much atrophied, its length being only three inches, its diameter two and a half, the organ was pale and soft. The walls of the right auricle were unusually thin for an atrophied heart; attached to the inner walls of the auricle was a pedunculated tumor, one and a quarter inches long, with three cysts in its free extremity, of a similar exudation already spoken of. The trachea and bronchial tubes were surrounded, or encased by this abnormal matter. A short distance above the bifurcation the trachea was so much contracted that the end of the little finger could not be introduced. The vena cava decendens was constricted in a similar manner, and in the constricted part, a recent plug, in a state of semi-organization.

The immediate cause of death was a slow strangulation, caused by the accumulation of matter around the trachea.

In forming a diagnosis in this case there was a great want of concurrence in the symptoms; even the most prominent symptoms, those of pericarditis, needed concurring evidence to satisfy the mind of its existence; and the post mortem examination only revealed the cause of some of the phenomena which I have before intimated.

TETANUS: RECOVERY.

By Wm. H. Gunkle, M. D.

Of Fraser, Pa.

Amos T., aged 21 years, born a cripple. Talipes varus of both feet. Right hand deformed and almost useless, the left being the only fully developed and useful member of his body. This he unfortunately thrust into a threshing machine, lacerating it badly (October 1st, 1868) rendering amputation of the two middle fingers at the middle of the first phalanges necessary. The wounds healed kindly, and all things went well until the eleventh day, when the patient complained of dyspnœa; this was followed shortly by contractions of the muscles of the back, stiffness of the jaws, and more or less spasmodic contraction of the entire muscular system, showing pointedly the character of the case.

The gravity of the case induced me to call in consultation, Dr. Price of West Chester. We agreed to put the patient on a decided course of anodyne, tonic and stimulating treatment, with as strong a diet as the stomach would receive.

He was accordingly given one third of a grain of morphia (sulph.) every two hours, alternating

with two grains of quinia in two ounces of whisky, (that is taking a dose of medicine every hour) with as much beef-mutton and chicken soup (made rich) as he could take. A strong lye poultice was applied to the hand. This course of treatment was continued for ten days without change (except the increase of morphia to half a grain) when muscular contraction gave way—during this time the bowels were constipated, no attention paid to them except by enema; these failed to have the desired effect after a time, and they were left alone.

On the eleventh day violent vomiting and purging set in. Considerable blood was thrown up and ejected from the bowels—the vomiting was allayed by small doses of hyd. chlo. mit., every half hour, when the stomach was sufficiently settled; the bowels were controlled by a pill of opium, gr. j., plumb. acetat., gr. ij., hyd. cum. cret., gr. j., and ipecac., gr. ½ (pulv.) every four hours, when convalescence set in, and our patient was speedily restored to health, and continues well.

Our great point in the treatment of the case was to give power and tone to the nervous system, to resist the inroads of local irritation—at the same time subduing that irritation as much as possible. How far we succeeded our patient can testify.

OVARIAN DROPSY CURED BY TAPPING.

By HIRAM CORLISS, M. D.,
Of Greenwich, Washington County, N. Y.

Mrs. M., aged 53 years, of Saratoga, first felt a disagreeable sensation in her side, a little above her right hip, in 1863. It continued in that locality about one year, and then left the right side, and became located in the left. She then discovered a small tumor about the bigness of a two-ounce ball, which continued slowly to increase. Three years from its first appearance in the left side, it had extended quite across the abdomen, during the whole of which time she experienced no pain in the part.

Her catamenia had been regular until October, 1866; it then at once ceased altogether, at which time the tumor began to increase and extend rapidly. Her bowels for years had been habitually constipated.

I was called to consult, in her case, with Dr. PRESTON, her family physician, on the 16th of December, 1867. I then appointed another visit to be made on the 20th, but her suffering became so great that they sent for me the next day, the messenger saying she could not live but a short time without relief.

On the 18th I visited her again with Dr. PRESTON. At this visit I tapped the tumor through the vagina with a long, curved trocar, and drew off five quarts of a dark-brown liquid. After only a few moments, she became perfectly comfortable. I then informed her that probably within a few weeks it would fill again.

On the 9th of January, 1868, I was sent for again. I then drew off four quarts. At this time the fluid was less dark, but very fetid. After this tapping I introduced a silver canula, through which there was free ingress and egress for all fluids. For a number of weeks we frequently injected an alkaline solution through the canula, thus washing out the sac. The opening into the sac, in this place of operating, being in the lower and pending part, gave a free exit to all fluid contents, and for this reason, this place of operating has a decided advantage over all others; and with this advantage, I can conceive of no reason why we may not as often succeed by injection in cases of ovarian dropsy, as in cases of hydrocele.

The discharge for a few days after the second tapping, was very fetid, but soon became less so.

The canula accidentally came out after being in eight weeks; but the discharge continued five weeks without it, and then ceased entirely for one week; then a discharge of one gill took place. This time the discharge continued only about three hours, and then stopped finally, since which there has been no swelling nor any discharge. After the second tapping she began to be more comfortable, and her general health began to improve, and after about three months she was able to take care of her household affairs.

I have been requested by a number of distinguished surgeons to report the case, but I have not until now, leaving full time for its return. But after so long a time, being about one year, and there being no symptoms of its return, I think the case may be considered both a perfect and a permanent cure.

Concretions in the Joints of the Extremities, in a Child.

At a clinic in the University of Pennsylvania on October 14th, 1868, Professor CARSON presented a girl, æt. 4 years, of fair development, who had concretions in the joints of her elbows fingers, knees, ankles and toes. She has never had rheumatism, nor have her parents been affected with rheumatism or gout as far as could be ascertained. Has pain in the affected joints, difficulty of locomotion, and is very timid. The

deposit began when she was one year of age, at which time she suffered a severe attack of diarrhœa, and had also been very ill from the effects of vaccination. A. A. H.

Hospital Reports.

Jefferson Medical College,
Philad., Dec. 16th, 1868.

Tracheotomy.

Performed by Prof. Samuel D. Gross, at the Surgical Clinic of the Jefferson Medical College, Dec. 16th, 1868.

Reported by A. J. Allison.

John Rheineman, æt. 3 years, on the 15th of September, while playing with several children of his own age, and having his mouth filled with water melon seeds, was suddenly seized with a fit of laughter which caused the seeds to be violently expelled from his mouth. Immediately afterward he was seized with a prolonged and severe spell of coughing. It was supposed, therefore, by his parents that he had gotten one of the seeds into his windpipe. Since that time—full three months ago—the little fellow has had severe and frequent spells of spasmodic coughing lasting for a length of time, and have been annoying the child's health very seriously.

The diagnosis in this case had to be founded entirely on circumstantial evidence. Neither auscultation nor percussion gave any certain knowledge of the whereabouts or abode of the foreign body. Its size though would entitle the belief of its not stopping short of the bifurcation of the trachea.

The length of time since the occurrence of the accident, and the various causes of death which may arise after an operation—namely, inflammation of the lungs, or of the mucus lining membrane of the tube, etc., all go to make the prognosis an uncertain one.

The little patient, having been thoroughly put under the influence of ether, with a few drops of chloroform added to the sponge, was placed full on his back with a pillow under his shoulders and neck. His head was then depressed and firmly held in the hands of an assistant, thus making the median line of the neck very prominent. An incision was made through the skin in the median line of the neck beginning at the base of the cricoid cartilage, and extending to within a quarter of an inch of the top of the sternum. The deep fascia was then divided, and the contiguous borders of the sterno-hyoid and sterno-thyroid muscles were next separated with the handle of the bistoury. In the same manner the loose areolar tissue, containing the inferior thyroid vessels was separated from the front of the trachea, divided and drawn aside by means of a blunt hook in the hands of an assistant, who retained it there. The wound was now cleared of blood by means of a sponge, leaving the trachea freely exposed. The knife was then thrust into the trachea, with its back toward the sternum, and at right angles with the tube; thus avoiding injury to the great vessels lying at the root of the neck. The incision was carried upward through three or four of the cartilaginous rings or to the inferior edge of the isthmus of the thyroid gland. Immediately on the opening of the trachea an effort at coughing was induced by the free access of air to the irritated parts, but considerably suppressed by the anæsthetized condition of the patient, The wound was distended by a pair of dilating forceps, and the boy was inverted and lustily clapped on the chest, both back and front, without effect. The patient was then placed in the recumbent position. And very soon afterward a violent fit of coughing began, ending in the expulsion of the eagerly looked for seed, at the wound.

The difficulties experienced in this case were an extremely short and fat neck, making a truly delicate and dangerous operation. There was not the loss of a teaspoonful of blood. The seed to all appearances was of the natural size and shape, and unchanged in any one respect. The patient's general health must be cared for, and "vis medicatrix naturæ" will be assigned the duty of closing up the parts. Good broths, soups, etc., will compose his diet.

Large Salivary Calculi.

Our esteemed correspondent, Dr. H. E. Van Ryckersma, of St. Martin's Island, West Indies, has sent us some remarkable specimens of salivary calculi. Two of them are as large as lima beans. They were taken from the mouth of a negro woman about fifty years of age. The first calculus was extracted by a French surgeon, and was the size of a pigeon's egg. The excretory duct of the submaxillary gland, Dr. R. describes as completely changed into a bag, and will readily admit a grain of corn. This keeps up the tendency to calculous deposit, and Dr. R. has taken them out at three different times within the last eighteen months.

Such specimens are among the rarities of pathological cabinets.

Editorial Department.

Periscope.

Scarlet Fever.

The subjoined sensible remarks from the *Medical Times and Gazette*, may be taken home and digested by many a corporation in this country.

"If anything were wanting to show that scarlet fever belongs to the same class of diseases with erysipelas, hospital gangrene, typhoid fever, and the like, it is the identity of the questions which arise from time to time as to their origin and propagation. Some years ago the doctrine was that scarlet fever was propagated exclusively by infection; and even after typhoid was known to be caused by sewer poison, the idea that the same could be the case with scarlet fever was treated as fanatical. By the way, so far as we know, this idea was first enounced by Dr. Druitt in a lecture on the sanitary state of dwelling-houses, at the Royal Institution in 1859. Now, however, both doctrines seem to be held with even balance. No one can deny the spreading of scarlet fever from sick to healthy; but the correlated doctrine that it can be generated, or at least increased and propagated, by filth of all sorts, but more especially by sewer filth, is also acquiring daily greater prominence. So that, as with questions of quarantine, whilst contagion is justly shunned, the foul conditions of air, earth, and water, which intensify contagion, are still more justly denounced. A letter which Dr. Carpenter, of Croydon, has published in the *Times* of November 24th, bears valuable testimony to the true sources of danger. We know for a fact that persons who would refuse to come within half a mile of a scarlet fever patient, and who profess dread at the smallest piece of scarf-skin that peels off, will yet breathe and drink sewer vapor and sewer water with sublime unconsciousness of danger. Dr. Carpenter says of scarlet fever:

"In most cases its destructive effects may be traced to some recently disturbed cesspool. It is severe with those living in an atmosphere such a condition engenders; it is slight with those not exposed to such influence; and this is the case with the majority of those living upon lines of sewers which are properly flushed and well ventilated; not, however, on the *elongated cesspools under streets* of great cities.

"It is more particularly the truth of the assertion that scarlet fever depends wholly upon contagion for its production that I wish to challenge, and for the following reasons: I have twice been able to trace an outbreak of scarlet fever most distinctly to the spreading of slaughter-house manure upon market gardens—in one case 500 yards distant from the houses affected by it. The manure was spread and left exposed upon the ground for three days, to windward of some houses situated upon higher ground. They were all detached from each other, and not communicating with each other. Five days after the manure was thus exposed, seven cases of scarlet fever occurred simultaneously in six of the houses thus circumstanced. Not one of the parties affected knew any of the others, and there was no circumstance common to each, except the one I have mentioned. The symptoms of the fever were most marked, but the ordinary means of isolation being adopted, there was no spreading of the disease after its first appearance. The manure was ploughed in as soon as complaint of the stench was made. In the other case the impossibility of contagion was less marked, but many isolated cases occurred in a district exposed to the influence of slaughter-house manure. They all occurred, as far as I could learn, simultaneously, or nearly so, and there was no continuance of the disease.

"Now, while slaughtering goes on as it does in large cities, while the refuse is used as a manure, and carted without preparation over the country in hot seasons and spread over the land, while cesspool matter is used in the same way, while blood from slaughtering-places finds its way into sewers and putrefies there, the particular ferment producing scarlet fever is thus set free. Scarlet fever will continue to occur, in spite of all other sanitary improvements, and while such cases do arise, its propagation will occur in ways quite impossible to discover, the penalties inflicted by the sanitary act notwithstanding. Every medical man attending the poor in great cities is aware of this. I have seen poor persons at work as tailors, as upholsterers, as weavers, and other trades, in the same room as that in which their children, sick with scarlet fever, were lying. I have remonstrated with them upon the danger to others by such a course. They have asked, with tears in their eyes, if they and their sick little ones were to starve. Thus the disease is introduced into the households of the rich from the dwellings of the poor, and the vengeance of Providence falls upon those who, as a class, are more responsible for the origin of such diseases than the poor among whom it may first be engendered. We ought not

to allow the presence of that matter which produces the disease—namely, animal matter in a particular state of decomposition. Remove all such before decomposition takes place, and you render scarlet fever comparatively harmless and infrequent."

Galvano-Puncture.

The *British Medical Journal* has the following remarks on this therapeutic method:

Galvano-puncture may be employed with a view to coagulate the blood in aneurisms and varices, to cause the destruction and absorption of tumors and chronic exudations; to produce absorption in dropsical joints; and for the purpose of curing neuralgia. Its employment in the treatment of aneurism an varix depends on the power of a Galvanic current to cause coagulation of the blood. In defibrinated blood, the clot produced by it is due to coagulation of the albumen; but, in living blood, it is, in all probability, also formed by coagulation of fibrine. The solidification of the albumen and the fibrine may be due to the direct action of the Galvanic current on these bodies, or to the influence of substances resulting from the electrical decomposition (Electrolysis) of the saline constituents of the blood; probably it is the result of both.

When both poles of a Galvanic battery are introduced into the blood-vessels of a living animal—as shown by Duncan and Fraser (*Edinburgh Medical Journal*, August, 1867)—a clot is formed at each pole. On this account, they recommend that both the negative and positive electrodes should be introduced into the aneurismal sac. On this matter, we differ from these gentlemen. We think that electrodes connected with the *positive pole only*, should be introduced within the blood-vessels. Our reasons for this are the following. The clot produced at the positive pole is dense and firm, that at the negative (zinc) pole is soft and yielding; the gas generated at the positive pole is readily absorbed, that liberated at the negative pole is not so. We, therefore, deprecate the introduction of the negative (zinc) pole into the blood-current, because it produces a soft yielding clot, and gas which is not quickly absorbed. Certainly, the gas is generated in very minute bubbles, which if carried away by the current of blood, would, in all likelihood, do no harm, even if in considerable quantity; but we would dread the effect of a sudden passage into the circulation of a considerable amount of such gas from a large aneurism, where, as the result of the electrolytic treatment, it might have accumulated. Besides, experience suffices to show, that aneurisms may be healed when the positive pole only is placed within the sac. The introduction of the negative pole need not, therefore, be considered necessary.

From one to four steel needles, with their shafts coated with vulcanite, their points gilded, and their other ends provided with screws for attaching wires should be connected with the positive pole of a battery, consisting of four Bunsen's or of six Daniell's elements, of the ordinary size. The number of needles used must vary with the size of the aneurism. According to Fromhold (Meyer's *Electricitat in ihrer Anwendung auf practische Medizin*, 1868, p. 399), the strength of the current employed ought to be such as to produce in a minute a coagulum of the size of a bean at the positive pole, when it is passed through white of egg. With the negative pole, a large flat metallic plate ought to be connected; and this should be placed in contact with the skin, at a distance of five or six inches from the aneurism. A layer of moistened sponge should be interposed between the metallic plate and the skin, to prevent undue irritation of the latter. The current may be transmitted for several minutes—at intervals of some days; this, of course, depending on the size and state of the aneurism. The flow of the blood through the aneurism ought, if possible, to be arrested during, and for some time after, the passage of the current. This mode of treating aneurism and varix deserves, on account of the success which has attended it, to be more generally adopted.

The experience of Dr. Althaus (*British Medical Journal*, pp. 521 and 534, 1867) serves to show that many tumors may be successfully treated by Galvano-puncture. He recommends that needles, connected with the negative (zinc) pole only, should be introduced into the tumor; while the positive pole should be in the form of a plate covered with moist sponge placed in contact with the skin. The textures seem to be destroyed, either by the direct action of the Galvanic current, or of the substances produced by the electrolysis. A battery, consisting of fifteen Daniell's elements, should in general be employed.

Galvano-puncture has sometimes been the means of producing absorption of the fluid in dropsical joints when other treatment has failed. Only three or four Daniell's elements should be used in such a case; and the current ought not to be passed through the joint for more than a few minutes at a time. In cases of obstinate sciatica, we think that Galvano-puncture might be tried. Its employment in such cases would

be in strict accordance with the fundamental electro-therapeutical principle of treatment *in loco morbi*. When hydrops articuli and neuralgia are treated by *Galvano-puncture*, a battery, consisting of two, or at most three, Daniell's elements, should at first be tried. In the case of sciatica or other neuralgia, hydrops articuli, and some tumors, such as enlarged glands, Galvano-puncture should not be resorted to, until Galvanisation by placing the electrodes *simply in contact* with the skin has had a fair trial.

New Modes of Preparing Objects for the Microscope.

In Mr. LOCKHART CLARKE's essay on the Intimate Structure of the Brain, contained in the Philosophical Transactions for 1868, we read that GERLACH now hardens the cord in a a solution of bichromate of ammonia of the strength of from one to two per cent. The sections are then put into a solution of one part of chloride of gold and potasssium to 10,000 parts of water, slightly acidulated either with vinegar or hydrochloric acid, for ten or twelve hours; when the white substance becomes of a pale lilac, while the gray substance is scarcely colored. They are then placed in a mixture of 1 part of hydrochloric acid to 2000 or 3000 parts of water for a few minutes. After this, the sections are steeped for about ten minutes in a mixture of one part of hydrochloric acid to 1000 parts of 60 per cent. alcohol, and then for some minutes in absolute alcohol; after which they are made transparent by means of creasote, and put up in Canada balsam. Mr. CLARKE adds, "This is rather a complicated process." A much simpler method has been proposed by M. RAUVIER in the last number of BROWN-SÉQUARD's *Archives of Physiology*, which consists in the employment of picric or carbazotic acid. This acid is only moderately soluble in water, and a saturated solution may therefore be employed. It possesses the further advantage of being very cheap. It is admirably adapted for all tissues containing much blood, and therefore for specimens of liver, lung, etc. It appears to act by effecting coagulation of the albuminous substances, though, unlike alcohol and chromic acid, it does not occasion any fusion of the constituents of the tissue. The red globules retain their form and characters extremely well. The portion of tissue required to be examined should be plunged into the solution, and after the lapse of twenty-four hours, it will be found to have acquired sufficient firmness to permit of very fine sections being made with a razor. The saving of time by this method, as compared with the chromic acid, is immense. The preparations will take color from carminate of ammonia, and may be prepared in glycerine.—*Lancet.*

Arsenic in Phthisis.

The question of the therapeutical use of arsenic in phthisis is of much practical interest. It has been the subject of an able report by M. HÉRARD, of the Academy of Medicine of Paris, in connection with a previous communication from M. MOUTARD-MARTIN. M. MOUTARD-MARTIN, one of the nosocomial physicians of Paris, and an accomplished clinical observer, has studied with great care, and in a severely experimental manner, the physiological and therapeutical action of arsenic in phthisis. Two points of his researches have been to experimentalize with the remedy upon both hospital and private patients, and to exclude every other medicament from the treatment, so as better to distinguish the effects of the one under trial. According to M. HÉRARD, favorable effects are observed in the vast majority of cases. In the course of a few days only, the patient revives, the eye shows new life, the complexion is better, the appetite is restored, and the patient even gains flesh. This beneficial action of arsenic is, however, observed in only one class of phthisical sufferers—those whose digestive organs have not undergone much impairment. In cases in which there is much impairment of the digestive functions, and in which vomiting and diarrhœa are already present, the remedy, far from doing any good, often increases this condition of the patient. This leads us to infer that arsenic exercises no local or direct action in phthisis, and that its good effects are merely due to its influence upon the functions of nutrition. M. HÉRARD, however, is inclined to believe that some direct action is exerted upon the mucous membrane of the lungs, which serves to eliminate the remedy; and in connection therewith, he refers to the peasants of Lower Austria, of Styria, and of the Tyrol, who frequently make use of arsenic, because it enables them to breathe much more freely when climbing up their mountains. With regard to the action of arsenic upon the functions of nutrition, M. HÉRARD thinks it is two-fold; not only does it increase the appetite, either by a direct stimulating influence on the mucous membrane of the alimentary canal, or by its general tonic and fortifying action, which the digestive organs would be the first to feel; but it exercises another and most important influence, which consists in moderating the oxidation of tissues, and

in thus impeding the process of denutrition, as has been shown by the experiments of Bretschneider, Schmidt, and Sturwage, and, still more recently, by M. Lolliot, House Surgeon to the Paris hospitals. This latter investigator has observed that the administration of arsenious acid, in doses of ten milligrammes daily, causes a lowering of the heat of the body, and a marked diminution in the quantity of urea. The form in which arsenic is administered preferably to all others, by MM. Moutard-Martin and Hérard, is the arsenious acid, prescribed in the shape of pills or granules, each containing one milligramme of the substance. Seven or eight of the granules are administered at first; but the dose may be speedily carried to ten or fifteen milligrammes, very seldom to two centigrammes. M. Hérard asserts that with this precaution of dividing the daily dose, of never giving more than two millimetres at a time, and of administering the granules as often as possible immediately before the meals, no accident is ever seen to occur. It is very seldom that the treatment is suspended or modified through temporary sickness, vomiting, or diarrhœa. When the granules cannot be administered, an arsenical solution may be employed in small and increasing doses; and recourse may be had to arseniated mineral baths, such as Bourbole, the Mont Doré, etc. Whatever the form in which the remedy is exhibited, M. Hérard insists upon the necessity of suspending the treatment from time to time. In conclusion, M. Hérard is confident that M. Moutard-Martin's researches have had the result of establishing the perfect innocuousness of arsenic when properly employed, and its undeniable efficacy in certain forms of tubercular phthisis.—*Lancet.*

Talleyrand.

To the anecdotes of Talleyrand which have lately been current, the *Annales Médico-Psychologiques* adds the following. Talleyrand fled to America during the French Revolution, and walked one day with his friend B. on the ramparts of New York. The expression of his friend's face produced such an effect upon him, that he addressed him in these terms: "Miserable man, you wish to kill me." The other looked at him in astonishment; and then, bursting into tears, avowed that the idea had occurred to him, and that at that moment he had been waiting for an opportunity to throw him into the sea.

Reviews and Book Notices.

Clinical Lectures on Diseases of the Urinary Organs, delivered at University College Hospital. By Sir Henry Thompson. With illustrations. Philadelphia: H. C. Lea. 1869. 1 vol., 8vo., cloth, pp. 204.

These are lectures delivered in colloquial style, and originally published in the London *Lancet*. They deservedly attracted considerable attention among the profession in England, and were republished in book form, at the request of many readers who wished to have them in a more convenient shape for reference than the pages of a serial. The subjects treated of are stricture of the urethra, hypertrophy of the prostate, retention and extravasation of urine, lithotrity and lithotomy, cystitis and prostatitis, hæmaturia and calculus, and paralysis, atony, and tumors of the bladder.

The illustrations, twenty-one in number, are cut with average skill, and aid in explaining the text. The author has already a wide reputation in this branch of surgery, and his book will be found a useful monograph.

The Philadelphia System of Obstetrics, in Twelve parts. Fully illustrated. By J. S. Longshore, M. D., Professor in the Philadelphia University of Medicine and Surgery. Philadelphia: University Publication Society, 1868. 8vo. 1 vol., leather, pp. 800.

This work, be it noted, emanates from the *Philadelphia* University—not the University of Pennsylvania. The Philadelphia University is "neither homœopathic, allopathic, nor eclectic, but is all of these at once." Therefore, this, the *Philadelphia* system of obstetrics (whether possible or desirable outside of Philadelphia, would seem a question, and indeed is, in our opinion,) "embraces the broadest liberal principles upon which the teachings of that institution are based," it has no prejudices against homœopathy, Thomsonianism, or "any of the dominant medical sects of the day."

Still, the art of obstetrics is so much of a mechanical art, and it has been so thoroughly explored, and every emergency is so well guarded against, that any book of the magnitude of this one upon it, cannot fail to contain much that is sound and useful. Dr. Longshore has been at pains to study up the leading authorities in the English language, and gleans from them a great many excellent precepts. There are worse books than his, from men who stand better with the regular profession, and we certainly unfeignedly hope that those who get diplomas from the University in question will both buy and read this book, as this will unquestionably give them a better knowledge of the subject than most of their fellows have.

Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 16, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

THE MICROCOSM and THE MACROCOSM.

The poet tells us that in the days of childhood we see the beauties and the truths of nature more clearly than when years have brought the philosophic mind. So it occasionally seems as if the earnest workers in science long centuries ago amidst their darkness and ignorance, yet caught some glimpses of the grand discoveries which have made forever memorable our own generation. Ages before FULTON, a steam ship had ploughed the French waters; a thousand years and more before GALILEO, the movement of the earth had been asserted. So in physiology we discover that some of the most profound speculations on the relations of the individual to the universal life had been anticipated and expressed, though under obscure and fantastic forms. Let us examine this much talked of inter-relation which exists between the vital force, the principle of life, and those physical forces which are the recognized motive powers of matter.

The learned tell us that the latest dicta of science point unmistakably to a discarding of any special vital force, to a negation of any other principle of life than can be seen in the lowest animal, in the plant, aye, even in the crystal, and the amorphic rock. Is it asked whence this distinction between the organic and the inorganic world, whence these joyous instincts of independent action, whence these infinite faculties, this noble reason, this godlike apprehension which characterize *man*, the reply comes from the austere lips of chemical science, that it is in the relative mobility of the ultimate atoms of matter of which these bodies are composed, that the distinction originates; that it is the purely chemical action of matter which produces the nerve force, which supports the brain structure, and which generates these high thoughts and generous impulses, secreting them as it were, in the language of CARL VOGT "as the kidneys secrete urine." "Ohne Phosphor kein Gedanke," without phosphorus there is no thought, is the verdict of MOLESCHOTT.

Can such gross doctrines as these, which we state in all their bald materialism, be reconciled with what the poets sing to man, with what patriotism teaches him, with what religion inspires him? We think they can; we think that long ago, in the Middle Ages, subtle thinkers saw and solved the problem.

Modern science in its highest flight reaches a point where the distinction between force and matter, *kraft* and *stoff*, disappears. The materialist, the chemist, and the natural philosopher, all agree that these are terms for convenience only, and without foundation in the highest realms of thought. Our only possible knowledge of matter comes by observing the force it exerts; we know of the universe therefore nothing but its *forces*. They vary in degree, perhaps not in kind. All forms of matter are in fact *to us* only forms of manifestation of force.

Analogy teaches us that there must be many developments of force unknown to us, existences not compact of clay like ours, ethereal though the elements are which go to form our bodies compared with the constituent parts of inorganic masses. Higher calorific conditions, greater molecular mobility, capacity of swifter motion, these are the chemical requisites of the higher life. We well know that in these respects we are far down the scale. We dimly see that combinations may well arise, may now exist, analogous to the highest forms of organized matter—the nerve and brain substance—but without their earthy admixture. And as all those exalted sentiments and powers of which we just now spoke do arise in us as we are, we readily see that they are no empty phantasms, but real, positive, definite products of matter, in action and reaction as certain, as true, as the salt which results from the reaction of an acid and an alkali. Thus the True, the Good, and the Beautiful, appear no longer the vague imaginings of man, but absolute, and real—secretions of the brain, if you will, but secretions not more visionary than those of any other organ.

And as the brain of man, imperfect as it is, largely composed of elements of comparatively low atomic heat, and limited molecular mobility, can thus elaborate products of so high an order, how beyond all conception marvellous must be those products of the nature of what we call *ideas*, such as reason, love, goodness, evolved by

the combined action of the most ethereal forms of matter reacting upon each other in the universe as a whole? For in the oneness of force throughout this universe no scientific man doubts, though we can understand it as little as that organic entity the micrococcus attached to the coat of a blood-vessel of the human body could understand how the whirling discs, now white, now red, that hurry past him, can be part of an individual whole.

Thus in materialism logically carried out, do we find the most substantial defence of idealism; thus do those views of science, pronounced so dangerous to man's loftiest emotions, serve but to corroborate them with evidence irrefragable; and thus does the word of him, by many called inspired, who two thousand years since identified the most ethereal form of matter, the most universal force, with man's highest idea when he said "God is Light," anticipate the sublimest conquests of human reason of which our age can boast.

Notes and Comments.

Prepaid Postage.

We have succeeded in including the subscriptions received up to January 13th, inclusive, in the list on which we prepay postage for the current quarter. Subscribers paying hereafter, *to the 1st of April*, will have their postage prepaid from the beginning of the *second* quarter of the year, except *new* subscribers, who take all the numbers from the 1st of January, who will have their postage prepaid from that date.

We can only prepay postage from the *commencement* of each quarter.

To Correspondents.

In the hurry of the business of the last few weeks, we may have overlooked the requests of some of our correspondents. If so, will they be kind enough to remind us of the omission?

"A Full Dose!"

Doses are sometimes nauseous, but they are, when intelligently administered, conducive to health, and ofttimes to life. We therefore accept as a compliment the laconic order of Dr. J. W. McC., of Ohio, who inclosing us eight dollars, says, "*Send us a full dose!*—Reporter, Compendium, and Pocket Record." And we will just take the occasion to say, that Dr. McC. is not the only one of that way of thinking, for that is the style of a large proportion of our orders of late. Our office has been a very bee-hive of activity for some weeks—all hands and the packing boy being kept "busy as bees" from early till late—yes, very late, some of us away into the "wee sma' hours" of the night. Keep up the activity, friends. We are highly flattered by the kindly reception all our publications meet with—the more hearty, the better for all concerned. Improvement in them all will keep pace with the ability to improve.

Vaccine Virus.

It is to the advantage of the profession to keep us supplied with vaccine virus, so that we can supply others. We are in need of some now. Those who are supplied from our office can do no less than put it in our power to supply others. We cannot afford to purchase it for this purpose.

Pennsylvania Training School for Feeble Minded Children.

One of the useful institutions in the vicinity of Philadelphia is the Pennsylvania Training school for Feeble Minded Children, located at Media, Delaware Co., and under the supervision of Isaac N. Kerlin, M. D.

The sixteenth annual meeting was held in this city on the evening of Tuesday the 5th inst. Children have been admitted and treated, since its foundation in 1853, for the following misfortunes, beside mere poverty: Inability to talk, defective articulation, defective sight or hearing, inability to work, feed themselves or dress; uncleanliness of habits, epilepsy, destructiveness, scrofula. The children now under treatment are from Massachusetts, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Maryland, Virginia, Alabama, Missouri, Ohio, Indiana, Illinois, Cuba.

While on this subject we will record a new idea recently promulgated by Dr. Poggioli—that is, the employment of electricity in the treatment of the simple minded.

He thinks that by the use of this agent, children may be improved in mind as well as in body. He instanced a child, a phenomenon of deformity and stupidity, which, under the influence of electricity, grew three centimetres in a single month, and has since been always first, instead of last, in his class. He avers that vegetation is much richer and more rapid in its growth when electrified than otherwise. Dr. Poggioli proposes, by way of experiment, that a portion of the pupils in a lyceum or college be subjected to this electrical treatment. Our schools for feeble-

minded children would be proper places for experimenting with electricity. It certainly could do no harm if it did no good.

Correspondence.

DOMESTIC.

A Singular Case of Attempted Suicide.

EDITORS MEDICAL AND SURGICAL REPORTER:

Nov. 12th, 1868. Was called to see a man, aged 50, of a strong will and powerful muscle, about six feet high, and forty-eight inches around the chest. On the previous night he attempted to commit the above act; made eight or nine incisions in his neck and throat, one pretty large one near the left jugular, (the instrument was a razor.) He had lost a pound or more of blood, had been lying in this condition some eight hours, and was still bleeding slowly. Was lying on his back in his own blood, his jaws clenched, his eyes closed, his muscles stretched to their utmost tension. Apparently comatose. Was supposed to be dead by some, whilst others concluded that he was feigning insanity. (He was under arrest for larceny.) I examined the case. The skin of the body was naturally warm; breathing almost imperceptible; respiration about eight to the minute; pulse at the wrist full and bounding at 90; no pulse at the temple; heart very feeble; head ice-cold. On inquiry, learned that he was not subject to catalepsy, epilepsy, vertigo, or syncope. Was satisfied that there was no apoplexy or paralysis direct; also satisfied myself he was not narcotized, nor under the influence of liquor. I now commenced operations; turned him over, shook him, called loudly on him to wake up; it had no effect. I then applied aqua ammonia to his nostrils; still no effect. I then dashed cold water on his face, body, and thighs. There was not a sigh nor a twitch of a muscle to be seen. Turned him over, and filled his ear with hot water. Pulse the same. The lips became blue, the man dead as ever. I then shook him vehemently, pinched and scarified his side; not a twitch of a muscle. I then paddled his posterior effectually; pulse increasing at the wrist, and started at the temple. Pried open his jaws, and filled his mouth with a preparation of Cayenne pepper and carbonate of ammonia mixed in water; deglutition impossible. Held his nose shut, struck him with a spoon on the cheek and breast, but it had no effect. I ran a spoon down his throat; he then gagged, blew the solution out of his mouth, and trembled all over. Pulse declined to 90; system somewhat relaxed. Rubbed him with stimulants, blew Cayenne pepper up his nostrils, and not a sneeze nor twitch of a muscle followed. I then pulled his hair, paddled his person effectually. Pulse raising, had him taken from bed and put upon his feet. Still stiff and dead as ever. I then paddled him more effectually. Circulation started. Ask him questions, but no response. Ordered a hot iron, with which to brand him. He then spoke for the first time, but rather inaudibly. Gave him his pants, and with some little assistance he put them on, walked down stairs, where I washed and dressed his wounds. Asked him whether there had been any foul play, and other questions. He seemed to have recovered his equilibrium, mentally and physically, answered questions intelligently, said he had heard and felt part of my course of operations, but could not speak. Now, Sirs, what ailed him? Was it congestion of the blood or brain? Paralysis? Comatose? Was he moribund—or was he "playing 'possum" all the while—or was he in a state of articulo mortis? He has since been sentenced to the Eastern Penitentiary for larceny.

JACOB RITTER, M. D.

Liverpool, Perry co., Pa.

Patent Instruments.

EDITORS MED. AND SURG. REPORTER:

Through the medium of your medical journal, I propose to reply to a recent editorial in the *Medical Record* of New York, on the subject of patent instruments.

The position of the editor appears to be similar to that of a professor of surgery, who stated to me that he would not *look* at an instrument patented by a physician, and would not *use* one, even if he could not otherwise benefit his patient; and the editor excludes every medical man known as a patentee from the privilege of his columns. If such positions are consistent, I am at a loss to know the meaning of absurdities.

The unjust and inconsistent position of a section by which these men were doubtless inspired, may be found in the code of medical ethics, ch. 2d, art. 1st, and sec. 4th, wherein a physician who is a patentee, is classed with the dispenser of nostrums. It would seem entirely superfluous to an intelligent mind, to state that nostrums are not properly admissible in the category of patented instruments, had not *a dog in the manger-style* of impropriety been admitted in one code, through the coöperation of the heedless and unscrupulous; for an honest discriminating mind never suggested such an illiteral idea. In regard

to nostrums, we are asked to adopt the use of a compound without the least knowledge of its composition, to which the intelligent and conscientious physician can never yield, although pecuniarily advantageous; for without knowing the properties of a compound, the life of a patient might be destroyed; experience has taught us that certain medicines may be employed under certain circumstances, and prove beneficial to health, but under different circumstances, destructive to life. As regards patent instruments, the *reverse* is the case; for here we are first asked to examine the construction of the instrument, the minutiæ of its action, and the principle upon which it acts; the important object of the patentee being to have every particular as well understood by the profession as by himself; the physician using his own judgment in regard to its merits, and the benefit to arise from its use. It appears to me that a few moments' reflection will convince an ordinary mind, that the aforesaid portion of section 4th should, from the principle of justice, be eradicated from the code of what is claimed to be a "liberal profession."

In the organization of our United States Government, the main object was to establish justice, promote the general welfare of ourselves and posterity, and advance the progress of science; thus the framers of the constitution foresaw the necessity of inserting in the *first* article a provision giving Congress the power to secure for limited times, to *authors* and *inventors*, the exclusive right to their writings and discoveries; Congress perceiving the justice of this wise provision, and the general advantage to accrue therefrom, happily complied with this constitutional measure, by passing a corresponding act, whereby authors and *inventors* are, to a certain extent, secured from loss of time and money expended, to perfect and insure the practicability of their writings and discoveries; no prohibition to any citizen of the United States was adopted or recommended; in which justice and equality prevailed.

The editor, in his elaborate editorial, introduced things which have no bearing upon the subject of patent instruments, and without any point for criticism; to the most of such, no further reference will be made. That his position might be well understood, he stated that he merely proposed to *interpret* the views of the majority of the medical men in civilized countries; although it may seem somewhat illiberal in me, the question naturally arises in my mind, whether this may not be rather an extensive assumption on his part, and that the profession which he professes authoritatively to represent, may not question the correctness of his interpretation. Had he not claimed to be their representative, I would have supposed but few, if any intelligent physicians could have adopted his position, after examining the subject in all of its bearings. Why one physician more than another should be constrained to give his money, which is the product of expended time and practical intelligence, is yet to be logically explained. Is productive intelligence in the medical profession a crime for which punishment is to be inflicted upon the producer?

The main, if not the only object the writer apparently had in view, was to insult, and treat with contempt any physician who might have genius enough to invent a valuable instrument, and legally and honorably accept by way of a patent, the protection granted through the wise provision of our constitution and corresponding act of Congress, against losses which might have otherwise occurred, for the capital necessarily expended—whether brain, time or money—for the protection of such improvement. The impropriety of his position, which corresponds to *more* than the full extent of said article in the code, appears still more absurd, when we take into consideration that he seems to think physicians, who are medical *book* inventors, (authors), after having protected themselves by this *same provision*, and virtually in the *same* manner as surgical instrument inventors, have committed nothing inconsistent with the rules of professional dignity, or in contrariety with the medical code. How in the name of justice one can discriminate between the two, I cannot perceive. Such contemptible partiality cannot be viewed with the least allowance by the noble and intelligent portion of the profession. It is quite probable that the keenness of his perception questioned the propriety of touching this point of discrimination, because of his medical knowledge, all having been derived from patent writings; for doubtless every valuable medical book in his library is, to all intents and purposes, a patented book. In view of these facts, the strictly conscientious editor must have blushed with shame to mention "liberal profession," and "prostitution of talent." Has he exhibited liberality? and who else have prostituted their talent? While the inconsiderate and unscrupulous are expected to advocate the views of *seeming* majorities, we are surprised that such equitable sensibility should adopt the same course: but to quiet our almost agitated mind, charity

nobly suggests that unsuspected innocence seldom intimates discrimination.

He states that *every* person who makes a discovery, has a *natural* desire to profit by it pecuniarly, which I will not attempt to controvert, as the position is universal and reasonable. Man without this capacity would have been incapacitated to fulfil the law of nature, which solicits self-protection; yet the consistent editor would have the *proscribed* physician violate this very law, by forcing him to "sacrifice" his time and money "upon the common altar of humanity, receiving only in return the consciousness of having performed an agreeable duty." I need not inquire whether the author of the proposed sacrifice is willing to have the spirit of his theory practically applied to himself; or whether the peculiar element with which his mind seemed to be so deeply imbued, has not had a corrupting influence upon his own business affairs, for I am not able to discover that his beneficence has been extended beyond that of ordinary physicians and editors. I believe he requires pecuniary payment for his time and money expended, like others in the profession; even his confreres have to pay him for the unjust article to which I have referred. It appears to be much less difficult for him to state rules by which he would govern others, than to apply them to himself. His theory of certain physicians being so constituted as to be able to completely counteract this pecuniary desire, which he states is *natural* in mankind, seems to indicate for this peculiar class of physicians, a quality, or virtue, co-equal with him who is considered the Saviour of the world; therefore, should gratuitously consecrate all their time for healing the sick, and benefiting humanity generally; but as *they* claim for *themselves* humanity only, it is not perceived necessary for a prohibitory enactment for *his* especial gratification, as the *natural* and equal professional laws cover their demand. There are extremely few who make pecuniary affairs a secondary consideration; and for the very good reason that it would be antagonistical to the *natural* law to which we have both referred, and by which life is indirectly sustained. It is generally conceded that ministers of the gospel are more exemplary than others; do they make pecuniary matters a secondary thing? they do not, and why should they, for they are only human, and are therefore governed by the same law of nature; whoever disobeys it must expect to suffer the penalty; and it is generally practically admitted, that the wider the sphere of D. D., M. D., or any other class, the higher the pecuniary reward; which is not only adopted as a reciprocation and reward for merit, but to encourage the production of superior talent: the principle is proper and progressive, complying with the natural desires of man, therefore cannot be suppressed with clogs of arrogation. "Very few if any instrument-makers have a desire of patenting any devices of theirs." The probable reason is, that they are too conscientious to take the required oath; for they are aware of their indebtedness to the physician and anatomist for all their essential points of improvement. We are not sure that the physician who may "wish" an article for his own use, might not avail himself of the skill of of the instrument-maker to make it for him.' What a queer position, as though it was an unknown thing for physicians to get instruments made by instrument-makers; who else, in the name of reason, would they expect to have make them?

Now the question naturally arises, how a physician is to live if he happens to be an inventor, and is not allowed legally and honorably to protect himself against loss of time; after expending all his pecuniary proddots for perfecting the instrument, he cannot manufacture the article, for he has no security upon which to obtain credit; the manufacturer and speculator will *neither* give him a farthing for his valuable discovery, because the inventor has no patental protection; *they*, therefore, commence manufacturing without even thanking him for his money, saying nothing of the brain capital expended; all they require is what the editors' non-protectional plan grants them: although the physician may be overflowing with inventive genius, by which capitalists are securing fortunes, and humanity generally to a great or less extent are partaking of the advantages of his researches, *he* is precluded from applying the products of his industry for his own sustenance; thus he is compelled to wholly depend upon the tender mercies of selfish humanity; admitting the editor as a fair sample, from his own showing, the inventor, although rich in talent, would necessarily become a beggar in the street; but this not appearing to satisfy his keen perception for *justice*, and his heart almost bursting with sympathy for his professional brethren, he closes his *logical* position, after having expended through his *premium* journal his superior talent for degrading his wayward brother, by affectionately stating that they shall not have the privilege of his (lordly) columns for defending themselves from his own vituperative attack. If he is the real "interpreter" and these are the views and wishes of a

"majority" of a "liberal profession," from such membership may God deliver us!

That this constitutional protection "seems to be necessary as a matter of mere trade" I cannot admit; it was not so intended by those who secured the provision, and is not thus considered by the patentee; its purpose was to comply with the demand of justice, by an act of reciprocity, and also to encourrge inventive industry; thereby prove a benefit to humanity.

"A patent is a direct insult upon the judgment of the profession, in that a person or persons presume to be alone competent to manufacture." Why an intelligent mind should adduce such presumption I cannot perceive; furthermore, contrary to his statement, a patent has not the least bearing adverse to any one thinking for himself, investigating, experimenting, and developing his own idea; for the physician who is a surgical instrument inventor and patentee, places the greatest dependence upon the independent thinking physician, he who is capable of investigating, properly discriminating, and *dares* to publicly defend merit, and protect the meritorious. Inventors I think are generally full believers in the right of independent thinking and acting; being guided by their own inspirations, consequently reject impracticable theories and exploded dogmas. That one who has reached so near the achmeal point of professional fame, as to become the "*interpreter*" of the majority of the medical profession in civilized countries, should choose to stand directly in opposition to the genius and spirit of the free institutions of this enlightened age, is *fearfully* wonderful; it will doubtless be *deeply* regretted by the progressive portion of our profession.

D. L. D. Sheldon, M. D.

New York, 710 *Broadway, Jan.* 10, 1869.

A Complicated Case.

Editors Med. and Surg. Reporter:

An unusual complication of maladies occurred a short time since, in the case of Mrs. D., of this place. This lady, having just passed her second accouchement, was still confined to her lying-in chamber by a dull headache, pains in the back and lower limbs, and was unable to sleep at night. These gradually increased until she was about to take her bed again, and proved, as will be seen, premonitory symptoms of typhoid fever.

In this condition, she attempted to rekindle a fire by pouring coal oil from a can upon the embers; an explosion instantly followed, and the burning oil was thrown into her face, and over her dress. Her husband, being in the house at the time, was attracted by the explosion, and finding her enveloped in flames, extinguished them with difficulty. By his timely interference, the burns were confined to her arms, extending from each wrist to the elbow, over the right side of the face, across the forehead and eyelids, entirely denuding the skin in its extent. In her already prostrate condition, this accident produced great collapse.

On the second or third day after, my attention was directed to the peculiar character of the pulse, which seemed to combine feebleness and frequency, with intermissions and great irregularity. It was such a pulse as would indicate extreme prostration and collapse; but as it was unaccompanied with any other evidences of this extreme state, I made a further investigation, and discovered it to be consequent upon an organic disease of the heart. The patient then informed me that she had suffered severely from an attack of rheumatic fever about six years before, at which time she felt pain in the region of the heart, as well as the joints, for several months; and has since been unable to take active exercise without suffering great shortness of breath. During the second week of her present illness, this condition of her heart grew to be the most prominent and distressing feature of the case, causing paroxysms of great dyspnœa.

At the same time, typhoid fever was prevalent among us to a considerable extent; and, notwithstanding the premonitory symptoms already referred to, and the fact that her sister, who was staying in the house, was then lying sick of that disease, I still regarded the typhoid manifestations due to the constitutional effects of the burn, as reacting upon the lying-in woman; but after the severity of the burn had begun to subside, there was still a gradual increase in the general symptoms, and it thus became obvious that they did not sustain the relation of cause and effect. The existence of typhoid fever was then determined upon, and this opinion was fully verified before the conclusion of the case.

We have here then, represented in the same case, 1st. Organic valvular disease of the heart. 2d. Veritable enteric or typhoid fever; and, 3d. An extreme burn, occurring at the same time in a lying-in woman; and, from this unfortunate association of grave maladies, the prognosis, as might be supposed, was most unfavorable, but after a long siege, I am pleased to state that her recovery is as perfect as before her late illness.

The treatment of this case, besides sustaining the patient, was directed more particularly to the condition of the heart and the burn. The extract of belladonna, and the pulv. digitalis produced a

very marked influence over the broken rhythm of the heart's action, thus preventing, in a great degree, those dangerous and distressing paroxysms of suffocation, which had so violently threatened the life of the patient.

There is one other point in the treatment of this case that is worthy of mention, viz., the application to the burn of carbonate of lead, linseed oil, and carbolic acid, in the form of paint—the same as recommended by Professor Gross—with the addition of the acid, which prevented the dressing from becoming offensive, thereby avoiding the necessity of frequent dressing and exposure. It moreover evidently expedited the healing process. The hands of her husband were both severely burned in his efforts to extinguish the flames, and under the same application rapidly healed.

T. W. SIMMONS, M.D.

Hagerstown, Md.

Ira Day, M. D.,

EDITORS MEDICAL AND SURGICAL REPORTER:

"Light be the shadow of thy tomb!
May its verdure like emeralds be;
There should not be the shadow of gloom,
In aught that reminds us of thee."

DR. DAY died at Mechanicsburg, Pa., after a brief illness, of pneumonia, on the 27th ultimo, at the advanced age of 70 years. Overcome and subdued by the grim monster—the same common foe—whose attacks upon many others he had so often successfully repulsed, he sleeps the sleep of the illustrious dead, and patiently awaits, with the millions of earth "who have gone this way before him," the sound of the last trump.

The Doctor was born in the town of Royalton, in the State of Vermont, in the year of our Lord, 1799. Approaching manhood and having attended the common schools of his town and neighborhood, he entered the "Royalton Academy," and spent two or three years in it, in the study of the Classics, the higher branches of Mathematics, etc. Having thus acquired a liberal education, qualifying himself for usefulness in life, he came to Harrisburg, Pa., where he opened, in 1823, a select school or Academy, in which he continued successfully to teach for two or three years, during which he devoted a portion of his time to the study of medicine, with the late Dr. LUTHER. Completing in this way his preparatory training for the profession of his choice, he returned to his native State in 1826, and entered the University of Vermont, receiving the degree of Doctor of Medicine in 1827.

Thus prepared for the arduous and responsible duties of the medical profession, in the fall of the same year, he returned to Pennsylvania, locating at Mechanicsburg, where, until within a few days of the time of his decease, he continued for forty-one long years to engage in the practice of medicine and its collateral branches. Possessed of a vigorous body and a generous heart, he was always quick to respond to the calls of his patients. Naturally tender-hearted and amiable, as well as skilful in the adaptation of means to ends, he was ever a most welcome visitor and acceptable companion in the sick room, in the most trying emergency and in the most trivial ailments. With his medical brethren he was on terms of the closest intimacy, and held in the highest esteem. His counsel and encouragement were frequently sought by them, not only in ordinary intercourse but in formal consultation; especially by the young practitioner, to whom he never refused to give the benefit of his knowledge and experience. And there are many now successfully engaged in the practice who are proud to think of and refer to him as their preceptor, as the sympathizing friend and wise counsellor, who took them by the hand and prepared them, by patient effort, for higher attainments and future usefulness in the profession, to which he devoted his time and talents. From its organization to the time of his death, he took a deep interest in the Cumberland County Medical Society, of which he was a respected and useful member and, at the time of its death, its honored president.

As a citizen none was esteemed more highly than he. He took a lively interest in every improvement calculated to promote the general welfare. A man of indomitable energy and sound judgment, his influence, once obtained in behalf of any important project, was always equivalent to success. The education of youth was a question which received much of his attention and always had in him a firm supporter and advocate. Thus the common schools, academies and colleges shared alike his friendship—serving long in the one as director, in the others as trustee. As a member of the church—the Methodist Episcopal—he was consistent and influential, always giving the weight of his influence in favor of Temperance, Morality and Religion.

But it was in the family circle, that all the graces and virtues of the Christian and gentleman shone more brilliantly and were at all times exhibited by him. He was, of a truth, a most exemplary and affectionate husband and father. It is here that the loss is naturally most keenly felt—here that sorrow is unalloyed. They do not, however, mourn as those who have no hope,

for the exchange is to him one of immeasurable gain—"joy unspeakable and full of glory." "*Requiescat in pace.*" G. W. H.

Newville, Dec. 24, 1868.

News and Miscellany.

Schuylkill County Medical Society.

At a regular quarterly meeting of this society, held at the Council Chamber of the Borough of Pottsville, January 6th, 1869, the following named officers were elected to serve the ensuing year:

President—JAMES S. CARPENTER, M. D., of Pottsville.

Vice-President—JOHN G. KOEHLER, M. D., of Schuylkill Haven.

Secretary—CHARLES J. PALMER, M. D., of Pottsville.

Corresponding-Secretary—GEORGE W. BROWN, M. D., of Port Carbon.

Treasurer—D. WEBSTER BLAND, M. D., of Pottsville.

The Medical Students of Paris.

It is stated on imperialist authority, which cannot be doubted—that of M. PAUL DE CASSAGNAC, in the *Pays*—that twenty invitations to Compiègne were sent to students of the School of Medicine; but they all, in succession, pleaded the pressing preoccupations of professional study, and none of them accepted the proffered mark of Imperial condescension.

Musical Wonder.

The *Vicksburg Times* says: "We listened the other evening to a musical wonder that eclipses Blind Tom. We refer to a negro girl, raised in Hinds county, and as a pianist she certainly excels anything that we have listened to. This girl, Emma, is about eighteen years old, is as black as the ace of spades, and does not know a single note and cannot spell the simplest word. She was a house servant, and as such was permitted to play upon the piano. She can play any piece, however difficult it may be, after hearing it played; and her accuracy and delicacy of touch is really something very remarkable. For the past two years she has been employed as a field hand, and had no opportunity of playing or listening to others play. Her performance on the piano is astonishing, as well for accuracy, delicacy of touch, and brilliancy of execution. She can play anything she has heard with marvellous facility, and never seems weary of the instrument. We understand she will make a tour through the United States and Europe."

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

COKER—SPENCER.—In Nashville, Tenn., Dec. 31st, Dr. Henry Ward Coker, of Richmond, Va., and Mrs. Sara S. Spencer, of Cincinnati, Ohio.

EARLE—TOWNSEND.—In this city, on Dec. 23, by the Rev. Wm. H. Furness, Thomas A. Eaton, of New York, and Belle Fawcett, daughter of the late Dr. Charles Townsend, of this city.

HODGE—WOOLSEY.—In New York, Jan. 7th, by the Rev. Geo. L. Prentiss, H. Ledox Hodge, M. D., of Philadelphia, and Harriet Roosevelt, daughter of the late Charles W. Woolsey, Esq., of New York city.

JONES—HINES.—Dec. 26th, Dr. H. O. Jones, of Warren co., Ohio, and Miss Mollie Hines, of Logan co., Ohio.

DIED.

MILLER.—In New York, Jan 5, after a long illness, Dr. Jacob S. Miller, in the 76th year of his age.

MOORE.—In Coldwater, Mich., at the residence of his son-in-law, S. A. Harrington, Dec. 23d, 1868, H. A. Moore, M. D., aged 78, formerly of Manlius, N. Y.

WORDS OF CHEER.

Dr. C. B. M., Indiana, writes:

"I have received the POCKET RECORD. I have used another heretofore, and was not satisfied with it, and had come to regard all books of that description in about the same light, but I am happy to say yours is vastly superior to any I have ever seen, and I only fear I shall feel by it as I do by the REPORTER, that once having used it, I can never dispense with it. The list of new remedies, of medicines and their prices, is worth the cost of the book when druggists are disposed to charge such exorbitant prices as they are here, not to mention the other valuable matter it contains. You are to be congratulated for the success which attends your efforts for the advancement of the interests of your professional brethren."

Dr. F. A. S., Missouri, writes:

"I am very much pleased with the POCKET RECORD, and, in fact, I would feel that there was one thing missing of much value to me, if I should fail to receive either the REPORTER, COMPENDIUM, or RECORD."

Dr. J. W. M. S., Mississippi, sends several new subscribers, and says:

"Your REPORTER and COMPENDIUM are decidedly the best published in this country."

ANSWERS TO CORRESPONDENTS.

Dr. H. C. M., of Ky.—You should direct your inquiries about the Army Medical Board, and the qualifications required in candidates before it, to the Surgeon-General U. S. Army, Washington, D. C. He will send you a circular containing the desired information.

Dr. W. T. C., of Ky.—Camphor is classed among the galactophyga, and undoubtedly on abundant evidence. It may be powdered and rubbed up with lard, or used in the tincture. About your second question we know nothing more than is the property of the profession.

METEOROLOGY.

December.	28.	29.	30.	31.	J. 1.	2.	3.
Wind.....	S. W.	S.	N. E.	N. E.	N. E.	N. E.	N. E.
Weather....	Clear	Cl'dy.	Cl'dy. Snow	Cl'dy.	Cl'dy. Rain. Sleet.	Cl'dy Rain. Sleet.	Cl'dy. Rain. Sleet.
Depth Rain.		1-10					
Thermometer.							
Minimum.....	19°	29°	22°	22°	26°	14°	16°
At 8, A. M.....	31	31	31	32	33	23	31
At 12, M.....	38	34	32	35	34	25	35
At 3, P. M.....	43	35	32	35	30	26	36
Mean.....	32.75	30.	29.25	30.75	30.50	22.	30.
Barometer.							
At 12, M.....	30.1	29.9	30.2	30.1	29.8	30.	30.

Germantown, Pa. B. J. LEDDON.